Federa	Cash T	ransactions R-eport	OMB Approval No. 0348-0003		
			1. Federal sponsoring agency and organizational element to which this report is submitted		
See Instructi ssistance ag	ions on the bac preement, attac	ck If report is for more than one grant or the completed Standard Form 272-A)	Department of Housing and	Urban Deve	elopment
. Recipient	t Organization		Federal grant or other identification number     S-MC-110001	identifying number	
lam <del>e</del>	Departme Developm	ent of Housing and Community	6. Letter of credit number	7. Last payment v	
lumber nd Street	,	n Capitol Street, N.■E.			one
	OUT NOIL	Capitol Street, III.	Give total number to 8. Payment vouchers credited to	for this period  9. Treasury chec	ks received
	Machinet	- D.C. 20002	your account	(whether or not deposited)	
City, State and Zip Code	wasningi	on, D.C. 20002	None		one
,				vered by this report	
3. Federal E	imployer ation Number	53-600 1131	From (month, day, year) 10/01/2004	To (month, day, ye 12/31/200	•
		a. Cash on hand beginnin of reporting period		\$	-29,658.00
		b. Letter of credit withdraw—als		0.00	
11. Status of	f	c. Treasury check paymer ts	0.00		
Federal Cash		d. Total receipts (Sum of I nes b and c)		0.00	
		e. Total cash available (Sum of lines a and d)		-29,658.00	
(See specific Instruction	nn <b>s</b>	f. Gross disbursements		(	
on back)	-	g. Federal share of progra mincome		0.00	
		h. Net disbursements (Lin ef minus line g)		0.00	
		i. Adjustments of prior permiods			0.00
		j. Cash on hand end of period		s	-29,658.00
	ount shown	13.	Other Information		
represe	ents cash ments for the	a. Interestincome			0.00
	davs	b. Advances to subgrante es or subcontractors			0.00

			1			
15.		7	/Δ.	Certification		
I certify to the best of my knowledge and belief that this report is true in all re-	Authorized	Signatur—e	14		Date Report Submitted 01/21/2005	5
spects and that all disburse- ments have been made for the purpose and conditions of the grant agreement.	Official	Typed or printed		and title 3. Dines, Jr. Agency Fisc	Phone (Area code, number, extension all Officer 202-442-7261	•

This space for agency use

Federal Cash	Fransactions Report	OMB Approval No	. 0348-0003	
, eac. a. a.a c. ae. c. c. p. c. c.		1. Federal sponsoring agency and organizational element to which this report is submitted		
	ck If report is for more than one grant or ch completed Standard Form 272-A)	Department of Housing and	Urban Development	
2. Recipient Organization		4. Federal grant or other identification number	Recipient's account number or identifying number	
Name Departme	ent of Housing and Community	S-MC-11-00 <b>01</b>	None	
Number Development  Development		6. Letter of credit number 86-00PP231	7. Last payment voucher number None	
and street 80 1 NOIL	n Capitol Street, N.E.	Give total number for		
Machine	ton DC	Payment vouchers credited to     your account	Treasury checks received     (whether or not deposited)	
City, State Washing and Zip Code 20002	ton, DC	None	None	
20002		10. Period covered	· · · · · · · · · · · · · · · · · · ·	
3. Federal Employer Identification Number	53-6001131	From (month, day, year) 01/01/2005	<b>To</b> (month, day, year) 03/31/2005	
	a. Cash on hand beginning of reporting period		\$ -29,658.00	
	b. Letter of credit withdrawals	0.00		
11. Status of	c. Treasury check payments	0.00		
Federa <del>l</del> Cash	d. Total receipts (Sum of lines b and c)	0.00		
_	e. Total cash available (Sum of lines a and d)	-29,658.00		
(Se <b>e</b> specific Instruction <b>s</b>	f. Gross disbursements	0.00		
on back)	g. Federal share of program income	0.00		
	h. Net disbursements (Line f minus line g)	0.00		
	i. Adjustments of prior periods		0.00	
	j. Cash on hand end of period		\$ -29,658.00	
12. The amount shown on Line 11j. above	13.	Other Information	,	
represents cash requirements for the	a. Interestincome		\$ 0.00	
ensuin <b>g</b> da <b>ys</b>	b. Advances to subgrantees or subcontractors		\$ 0.00	

<sup>14.</sup> Remarks (Attach additional sheets of plain paper if more space is required.)

	/ Certification	
	Signature Signat	Date Report Submitted
Authorized	Almo	04/11/2005
Official	Typed or printed name and title	Phone (Area code, number, extension)
•	George B. Dines, Jr. Agency Fiscal Officer	202-442-7261
	Certifying	Authorized Certifying Official Signature Typed or printed name and title

CEDEDAL OAGU		OMB APP	ROVAL NO. 0348-0003	
	TRANSACTIONS REPORT	Federal sponsoring agency and organizational element to which this report is submitted     Department of Housing and Urban Development		
(See instructions on the back. assistance agreement, attach	If report is for more than one grant or completed Standard Form 272A.)			
2. RECIPIENT ORGANIZATIO	N	Federal grant or other identification	5. Recipient's account number or	
Name: DC Departme	nt of Housing and Community Develo	S-MC-110001	identifying number None	
Number 004 Number		6. Letter of credit number	7. Last payment voucher number	
and Street: 801 North Cap	oitol Street, N.E.	86-00P231	None	
City, State Washington	D.C. 20202		number for this period	
and ZIP Code:	, D.C. 20002	Payment Vouchers credited to your account None	Treasury checks received (whether or not deposited)     None	
CEDEDAL ENDLOYER		10. PERIOD COVER	ED BY THIS REPORT	
3. FEDERAL EMPLOYER IDENTIFICATION NO.	53-6001131	FROM (month, day, year) 04/01/2005	TO (month, day, year) 06/30/2005	
	a. Cash on hand beginning of reporting p	period	\$ -29,658.00	
	b. Letter of credit withdrawls		152,932.00	
1. STATUS OF	c. Treasury check payments	0.00		
FEDERAL	d. Total receipts (Sum of lines b and c)	,	152,932.00	
CASH	e. Total cash available (Sum of lines a and	d)	123,274.00	
(See specific	f. Gross disbursements	130,289.00		
instructions on the back)	g. Federal share of program income	0.00		
	h. Net disbursements (Line f minus line g)		130,289.00	
	i. Adjustments of prior periods		0.00	
	j. Cash on hand end of period		\$ -7,015.00	
P. THE AMOUNT SHOWN ON LINE 11j, ABOVE,	13. OTHER INFORMATION			
REPRESENTS CASH RE- QUIREMENTS FOR THE	a. Interest income		\$	
ENSUING				

•	part part in the copace is required)

15.	T	CERIFICATION	
i certify to the best of my knowledge and belief that this report is true in all respects and	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED 07/12/2005
that all disbursements have been made for the purpose and conditions of the grant or agreement.	CERTIFYING	TYPED OR PRINTED NAME AND TITLE George B. Dines, Jr., Agency Fiscal Office	TELEPHONE (Area Code, Number, Extension) (202) 442-7261

		OMB APP	ROVAL NO. 0348-0003	
FEDERAL CAS	SH TRANSACTIONS REPORT	Federal sponsoring agency and organizational element to which this report is submitted     Department of Housing and Urban Development		
	ck. If report is for more than one grant or ch completed Standard Form 272A.)			
2. RECIPIENT ORGANIZA	TION	4. Federal grant or other identification	5. Recipient's account number or	
Name: Department	t of Housing and Community Developm	S-MC-110001	identifying number NONE	
		6. Letter of credit number	7. Last payment voucher number	
Number 801 North 0	Capitol Street, N.E.	86-00P231	NONE	
011 011		Give total n	number for this period	
City, State Washingt and ZIP Code:	on, DC 20002	8. Payment Vouchers credited to your account NONE	Treasury checks received (whether or not deposited) NONE	
		10. PERIOD COVERED BY THIS REPORT		
3. FEDERAL EMPLOYER IDENTIFICATION NO. 53-6001131		FROM (month, day, year) 06/01/2005	TO (month, day, year) 09/30/2005	
	a. Cash on hand beginning of reporting	period	\$ -7,015.00	
	b. Letter of credit withdrawls		139,371.00	
11. STATUS OF	c. Treasury check payments	0.00		
FEDERAL	d. Total receipts (Sum of lines b and c)		139,371.00	
CASH	e. Total cash available (Sum of lines a an	d d)	132,356.00	
(See specific	f. Gross disbursements		50,890.00	
instructions on the back)	g. Federal share of program income	0.00		
on the backy	h. Net disbursements (Line f minus line g)	50,890.00		
	i. Adjustments of prior periods		152,808.00	
	j. Cash on hand end of period		\$ 234,274.00	
12. THE AMOUNT SHOWN ON LINE 11J, ABOVE		M		
REPRESENTS CASH RE QUIREMENTS FOR THE	a. Interest income		\$	
ENSUING	b. Advances to subgrantees or subcontra	ctors	\$	

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

15.		CERIFICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED 10/13/2005
that all disbursements have been made for the purpose and conditions of the grant or agreement.	CERTIFYING	TYPED OR PRINTED NAME AND TITLE George B. Dines, Jr., Agency Fiscal Officer	TELEPHONE (Area Code, Number, Extension) (202) 442-7261